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Research Paper: Predicting Married Women's Mental Health Based on the Quality of Life Components

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Abstract

Women's mental health can overshadow theirs other responsibilities; therefore, examining the role of influential factors in mental health has been considered a matter of importance. The present study aimed to investigate the role of emotional components of quality of life in predicting the mental health of married women. This study was descriptive-correlational. In this regard, 240 individuals from the married women community of Shiraz were purposefully selected and surveyed in cyberspace using the SF-36 Quality of Life Questionnaire and the General Health Questionnaire – 28 (GHQ-28). To analyze the data, multiple regression analysis (enter model) was employed. Data analysis revealed that emotional components of quality of life have a significant relationship with mental health ($p< 0.01$). Multiple regression analysis showed that the components of energy/fatigue, emotional well-being, and social functioning play a positive role in predicting the mental health of married women; moreover, the component of role dysfunction plays a negative part due to lack of emotional health. According to the findings of the present study, it could be concluded that the emotional well-being, happiness, and vitality of married women can play an important role in their mental health.

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1. Introduction

Enjoying the blessings of physical and mental health has been a necessity for the continuation of human life and is a necessary condition of embracing the gift of life. With the problems of today's world and their consequences in creating stress and psychological tension, facing psychological crisis has become inevitable for people in society, and therefore, the issue of mental health has become doubly important nowadays. There are various factors involved in a person's mental health including the life with optimal quality; over the years, finding the concept of a good life and knowing how to achieve those thoughts have been the focus of many studies. Women constitute half of the country's population as managers, educators of families as well as community activists; therefore, their health determines the health basis of half of the population, family, and society (Gholami et al., 2015). In addition, it must be acknowledged that the women's enjoyment of mental health is very important, overshadowing their other responsibilities. Therefore, it is important to investigate the role of influential factors in women's mental health.

Health is a state of complete physical, mental and social well-being (WHO, 2015). Although the World Health Organization has proposed a three-dimensional definition of biological, mental, and social health since 1946, in most countries the two psychological and social dimensions of health have been largely ignored by health system officials. About two decades ago, the World Health Organization issued a stern warning against this harmful negligence and pointed to the role of nearly 85% of psychosocial factors affecting health (Noorbala, 2011). Mental health is one of the crucial and basic concepts in psychology. In other words, the central part of health is mental health, since all health-related interactions are performed by the psyche (Videbeck, 2004). In recent years, two approaches to positive psychology, the issue of quality of life and its relationship with mental health have attracted the researchers' attention. In line with the focus of industries, capital, facilities, and urban services, the quality of life has grown quantitatively; later on, urbanization and the process of industrialization have brought problems, difficulties, neurological and psychological stress as well as environmental degradation to modern mankind. Many experts and scientists have paid much attention to the concept of quality of life to make efforts to improve living conditions and the qualitative dimension of life (Frisch, 2011).

Quality of life is defined as the result of the interaction between individuals' personalities and the continuity of life events; in this regard, life events occur in a "multidimensional set of domains of life such as liberty, knowledge, economy, health, safety, social relations, spatiality, environment and recreation", and quality of life affects the set of constituent domains of elements of life (Hajiran, 2006, p.33). Quality of life is an important aspect of family life, especially marital intimacy. It shapes people's health, which includes various dimensions such as health, physical comfort, as well as psychological and social aspects (Mazuchovan et al., 2018). However, some theorists agree that the concept of life always includes five dimensions: physical, psychological, social, and symptoms related to illness or treatment-related changes (King & Hinds, 2003). The results of the present study

indicated that there was a positive relationship between life satisfaction, quality of life, and components of psychological well-being (Ferrand et al., 2014). Thus quality of life and life satisfaction express the self- evaluation from different aspects of life; moreover, the person who is more satisfied with their life feels that they are doing well in various areas of life, such as education, job, family and interpersonal relationships (Diener, 2006). Gordon et al. (2007) and Hilary et al. (2012) in separate studies indicated that a significant relationship between psychological well-being and the quality of life as well as its components (physical functioning, due to lack of physical health role dysfunction, physical pain, general health, social functioning, role dysfunction due to lack of emotional health, energy/fatigue, emotional well-being). Nevertheless, Farhadi et al. (2009) concluded that the significant relationship only existed between the component of social functioning, quality of life, and psychological well-being.

Generally, the issue of women's mental health has been the matter of social and psychological importance. In this regard, to have healthy society their level of mental health and quality of life should be valued since they have significant effects on the mental health of other people in society. Evidently any deficiency in their physical and mental health can lead to the wastage of ability in this stratum, inevitably leading to slow progress in society. However, there may be different preventive measures to avert the vulnerability of this stratum; the results of the present study might deem exploitable for improving their quality of life and removing the obstacles. Additionally, the categories of psychological health and quality of life are two of the most controversial issues in the psychological system; despite doing a lot of research that has been done in these areas in recent years, such issues had a lot of ambiguity (Farahani et al., 2009). With regard to the components of quality of life, there has been a relationship between quality of life and mental health which have brought about some contradictions appearing in the studies; however, not all studies addressed the same components. On the other hand, in most studies, quality of life has been studied alone and its components have been researched less or there has been ambiguity about its components that have not been studied at once. Based on the mentioned theoretical and research principles and indeterminate nature of this ambiguity the main research question is whether the emotional components of quality of life can predict the mental health of married women.

2. Methodology

The present study was conducted based on a descriptive method. The participants included all married women in Shiraz in the year 1400. The computation principle of multiple regression model was employed to determine the sample size. Tabachnick and Fidell (2007) presented the following formula to calculate the sample size required for hierarchical regression with regard to the number of previous variables: $8m + 50 < N$ that in this formula, *m* is equal to the number of previous variables ($m = 5$ in this study). Accordingly, the sample size was calculated as 250, out of which by removing the distorted data, 240 questionnaires were accepted to be included in the statistical analysis (incomplete or distorted questionnaires were returned). The questionnaires of this

study were shared in cyberspace and after being completed, the questionnaires were collected and analyzed. Data analysis was performed using SPSS21 software.

2.1 Instruments

General Health Questionnaire (GHQ) is a screening questionnaire completed by the participants and used in clinical settings to diagnose people with mental disorders. In this questionnaire, two main categories were considered. First, the inability of the individual to show proper self-efficacy, and second, the emergence of new phenomena with disabling nature. This questionnaire was first developed by Goldberg (1972) and has been widely used to diagnose mild mental disorders in various situations. The main questionnaire has 60 questions, but the abbreviated ones with 30, 28, and 12 questions have also been used in various studies. The questionnaire includes four subscales of somatic symptoms, anxiety, social dysfunction, and depression. The different versions of this questionnaire have high validity and reliability, and the efficiency of the 28-question versions is approximately the same as the efficiency of the 60-question one. Dozens of studies presented by Goldberg and Williams (1988) in the UK and other countries have confirmed its validity and reliability. The results of a meta-analysis of 43 studies on the validity and reliability of this questionnaire reported an average sensitivity of 84% and an average specificity of 82% (Williams et al.,1987).

Quality of Life Questionnaire (SF-36)[1]: This questionnaire consists of 36 questions with multiple choice answers measuring a person's perspective on their health (Nejat, 2008). Translation and determination of reliability and validity of the Persian version of this standard questionnaire were conducted for people aged 15 years and older in Tehran done by Montazeri et al. (2006). The results of their study indicated the necessary adequacy of this tool for its use in Iranian society. The SF-36 scale has eight dimensions: physical functioning, due to lack of physical health role dysfunction, physical pain, general health, social functioning, due to lack of emotional health role dysfunction, emotional well-being and energy/fatigue for which the alpha coefficients reported are 0.90, 0.85, 0.71, 0.65, 0.77, 0.84, 0.77 respectively, which indicate good internal consistency of these dimensions. Other psychometric studies such as validation (Montazeri et al., 2006) have been performed, which specified the suitability of this tool (above 0.70). The factor analysis test also obtained two main components justifying 0.65 dispersion between questionnaire scales. This questionnaire had the essential reliability and validity.

3. Results

The participants of the present study consisted of 240 married women. For the purpose of data analysis, descriptive statistics especially central tendency and dispersion were employed to answer the research question. Moreover, multiple regression analysis (enter model) was hired to respond to research questions in the inferential part.

To investigate the presuppositions, Variance Inflation Factor (VIF) and Tolerance were explored. The observed values indicated that the presupposition of the absence of multicollinearity among the previous variables was seen. To evaluate

[1] The Short Form 36 Healthy Survey Questionnaire

the normality of data distribution frequency, Kolmogorov–Smirnov test (K–S test or KS test) was run, the results of which showed that the data had a normal distribution (P < 0.05). The results of correlation, statistical indicators of the mean and standard deviation of mental health, as well as quality of life components are presented in Table 1.

Table 1

Correlation matrix, the mean, standard deviation of mental health as well as quality of life components (N = 420)

Variable	1	2	3	4	5
Mental health	1				
Social functioning	0.47*	1			
Role dysfunction due to lack of emotional health	-0.20**	-0.40**	1		
Emotional well-being	0.46**	0.62**	-0.40**	1	
Energy/fatigue	0.28**	0.51**	-0.29**	-0.58**	1
Mean	55.37	6.82	1.28	15.02	10.36
Standard deviation	10.25	21.18	1.43	4.88	3.46

p<0.0* p<0.05**

The results in Table 1 indicated that there was a significant and positive correlation between mental health and emotional components of quality of life (social functioning, emotional well-being, and energy/fatigue) α=0.01 and therefore, (P <0.01); due to lack of emotional health, role dysfunction has a significant and negative relationship with mental health at α=0.05.

To evaluate the predictive power of each of the previous variables (quality of life) in mental health (the criterion variable) regression statistical analysis was performed by considering each of the components of quality of life (social functioning, due to lack of emotional health, role dysfunction, emotional well-being and energy/fatigue) (Table 2 and 3).

Table 2

Analysis of variance (ANOVA) test to evaluate the significance of the mental health prediction model based on the quality of life components

Model	SS	df	MS	F	Sig
Regression	8480.76	8	1060.09	14.70	0.0001
Residual	16656.98	231	72.11		
Total	25137.73	239			

The results of Table 2 revealed that the calculated F value of the analysis of variance of mental health regression based on the quality of life components was significant at α=0.01 alpha level, (F(8;239) -14.70 , P <0.001).

Table 3

Results of multiple regression analysis (enter model) to predict mental health through the quality of life components

Predictor variable	R	R^2	β	B	t	Sig	Durbin-Watson	F
Physical functioning	0.58	0.31	1.19	0.25	3.39	0.000	2.008	14.1
Role dysfunction due to lack of Emotional health			-0.44	-0.06	-0.96	0.000		
Emotional well-being			0.56	0.27	3.43	0.000		
Energy/fatigue			0.44	0.15	2.10	0.000		

The results of Table 3 illustrated that the quality of life components can significantly predict mental health. Generally, with a multiple correlation coefficient of 0.58, this variable could predict 31% of the variance of the criterion variable. With specific beta values, the data analysis of quality of life components could predict mental health by social performance with beta= 1.19, due to lack of emotional health, role dysfunction with beta= -0.44, emotional well-being with beta =0.56, and energy/fatigue with beta= 0.44; the component of emotional well-being had the most significant contribution to mental health (β=0.56, p <0.001).

4. Discussion

The results of the present study revealed that there was a significant relationship between the emotional components of quality of life (social functioning, role dysfunction due to lack of emotional health, emotional well-being, and energy/fatigue) and mental health. Multiple regression results also indicated that multiple components of quality of life, including social functioning, emotional well-being, and energy/fatigue played a positive role in predicting married women's mental health and due to lack of emotional health, the components of role dysfunction played a negative role. The results of this study are consistent with the previous findings (Ebrahimi Moghadam & Mahmoudi, 2017; Mardani Hamule & Shahraki Vahed, 2010; Okun et al., 1984; Wrosch et al., 2013; Becker et al., 2019; Routledge et al., 2013; Oladipo et al., 2013). In addition, these findings lend support to Molaei Yasavali et al.'s (2015) which indicated that there was a relationship between quality of life and psychological well-being and all its components. Moreover, the research of Omidy et al. (2002) showed that the frequency of bad health behavior in drug addicts such as sleep deprivation, lack of exercise, and non-observance of hygienic standards could directly reduce the quality of life in the physical dimension.

On the other hand, according to the descriptive findings of the present study, data analysis specified that the level of mental health in married women was above average and, in this regard, a considerable number of studies have highlighted coordinately that compared to men, the components of mental health in women were more prominent, especially in the

scales of anxiety, depression, and physical illnesses. Moreover, women assess threatening events with more stress than men and are more exposed to stress related to "*role function*" (Mirhashemi & and Hosseinsharghi, 2016). Women's health is affected by biological, psychological, social, emotional, economic, cultural, and environmental factors (Solhi et al., 2012). In this regard, quality of life could be considered to be an important component and one of the effective sources of mental health in research cases. Quality of life is a multidimensional and complex component; according to the definition of the World Health Organization, the situation in which people live and as well as the cultural context and education system in which they live is called perception, which is formed based on people's goals, expectations, standards, and interests (Forjaz et al., 2015).

The results of the present study concur well with the findings of Ferrand et al. (2014) who illustrated that there was a positive relationship between life satisfaction, quality of life, and components of psychological well-being. Thus quality of life and life satisfaction express the evaluation of the individual from different aspects of life, and the person who is more satisfied with their life feels that they are doing well in various areas of life, such as family and interpersonal relationships, education and job (Diener, 2006). Moreover, the results of research by Gordon et al. (2007) and Hilari et al. (2012) suggested that there was a significant relationship between quality of life and its components with psychological well-being.

The results of Matud's (2004) study indicated that compared to men, women scored higher in emotion-focused coping and avoidance coping styles. In other words, the results highlighted that woman displayed less emotional inhibition in encountering stressful situations compared to men. The results also revealed that women scored higher than men in somatic symptoms and psychological disorders. Additionally, women were more vulnerable than men due to the use of emotion-focused coping and avoidance coping styles. Wilson and Oswald (2005) found that there was a significant difference between the two genders in the scores of somatic and psychological well-being symptoms (anger, depression, tension, and negative emotions). The results of these studies put emphasis on the role of gender in explaining the psychological health of individuals.

On the other hand, it should be noted that according to the definition of mental health by a quality group by the World Health Organization (1996), mental health is not only the absence of mental disorders but also includes other components such as pleasant feelings and life satisfaction, flexibility, growth, and excellence. In this regard, Joshanloo et al. (2012) stated that a healthy person could effectively cope with the stresses generators in life and could adjust to the constant pressures of daily life adequately. Therefore, it could be said that having general health helps people to have psychological health by reducing physical complaints, allergies, depression, anxiety, aggression, phobia, and morbid general symptoms and discomfort.

Regarding the role of social functioning as a component of quality of life in married

women's mental health, it could be explained that the relationship between social relations and physical as well as mental health of the individuals has been increasingly highlighted by researchers. Alternatively, social relations were considered to be a part of individuals' social health (Vameghi et al, 2013) and social relations had a useful role in maintaining the mental well-being of human beings (Cohen, 2004). It is noteworthy that the social component of human health, which is called social health, mainly puts emphasis on human interaction with the environment and human roles. In this regard, according to Russell (1973) social health was a dimension of comfort that focused on how one could relate to others, how others could react to the individual, and how one could interact with institutions and social customs. Moreover, according to Larsen (1996), social health could be considered to be a person's report on the quality of their relationships with other people, relatives, and social groups. He (ibid) believed that social health, as a part of a person's health, indicated a person's satisfaction or dissatisfaction with life and social environment.

It was also said that social and economic factors were among the factors affecting mental health (Bierman et al., 2006); in addition to their social roles, most women were required to fulfil duties and responsibilities as parents, even when women worked outside the house, they were still responsible for household chores (Fallahchai & Fallahi, 2016). In this regard, based on perspectives related to social health, we could refer to a person's social functioning, that is, the person's participation in normal social roles such as marriage, parenthood, work, and leisure time shows the degree of her success in selective social roles and it is also called social adaptation. Another area to be considered was social relationships, which was very close to the concept of social support and was generally defined as the availability of people whom one trusted and was encouraged by, forming a sense of importance and worth (Mac Dowell, 2006); to have this sense of worth, social support and success in social roles were effective in increasing the person's mental health.

It should be noted that social functioning as a concept of social health to be considered one of the three components of health; in this regard, the role of physical health on the performance and mental ability of individuals were specified affecting the individual's relationship with society (Mental Health Commission of Canada, 2009). On the other hand, before being considered a dimension of health, social support, as a sign of social health, was a mediating variable that changes the effect of environmental tensions and stresses on physical and mental health reducing the incidence of disease. Moreover, this issue indicated that the role of the relationship and social support, which in terms of social factors related to health is considered to be a social determinant affecting different dimensions of human health (Commission on Social Determinants of Health, 2005). Accordingly, the social component is related to the individual's relationship with family, friends, colleagues, and ultimately the community (King & Hinds, 2003). Therefore, having a positive attitude towards life, being ready to face life problems, having a good feeling about oneself and others, feeling responsible, having a real perception of the world and

other people, not being indifferent to oneself and family, being flexible and losing control in the face of social problems and not being pessimistic towards others enhance a person's mental health (Kaveh, 2012). A person with mental health is generally referred to as someone who is at a high level of behavioral and emotional adjustment, not just someone who does not have a mental illness (Karimi, 2011). Thus the field of social relations is both a part of the pillars of health status and depends on it, and it also can affect other aspects of health.

On the other hand, to explain the role of emotional well-being and energy/fatigue (energy/fatigue is happiness, vitality) in the mental health of married women, we can refer to the definition of the World Health Organization which states that health does not mean the absence of disease, but includes physical, psychological and social aspect of life. In other words, the human living environment in today's complex societies can challenge health in physical, social, economic, and psychological aspects. The social-ecological model, with a prominent place in the development and improvement of health and hygiene, underlines the impact of physical and social phenomena on health. There is no doubt that personal characteristics are always considered to be a modulating factor of these influences (Stokols, 1992). Putting emphasis on the fact that psychological, social, and physical well-being is the result of human interaction with their physical and socio-cultural environment provides the underlying logic of recognition and understanding of the links between environmental characteristics and health level (VukoviĆ et al., 2021). In this regard, a person's perception of life and the purpose as well as meaning of life (King & Hinds, 2003) as a sign of emotional well-being plays a role in mental health.

On the other hand, mental health is closely related to a range of other components such as happiness, adjustment, self-esteem, positive emotions, and feelings (Ryff, 1989; Garcia et al., 2012) and therefore it can be said that it generally provides the basis for enhanced life satisfaction, self-esteem, as well as moral and mental well-being, leading to higher mental health. That is to say, a person with enhanced self-esteem and satisfaction with life as well as good conditions cannot suffer from mental distress.

In addition, in explaining this finding, it can be said that psychological health is the growth and development observed regarding the existential challenges of life, and having a healthy psyche helps a person to overcome unpleasant and painful experiences, evaluate situations as well as events favorably, manage negative emotions, and separates their reactions from raw sensory reactions to step on the path of realizing their potential abilities and thus improving individual personal life.

Generally, people with high mental health have good knowledge and insight about their cognitive processes and abilities; they also use effective strategies for coping with tasks and skills utilizing. In other words, mental health increases the person's awareness of themselves, others, and life situations, and this increase in awareness may indicate that there is an increase in health symptoms and adaptation parallel to these abilities. To put it in another way, increasing the level of awareness and consciousness, as a sign of mental health, makes a person aware of

their conditions so that they can live at the moment and take full advantage of the situation (in various activities that can be used as appropriate strategies for maintaining health). People with high mental health are more likely to evaluate sources of stress, employ avoidance coping strategies less, and use problem-focused coping. Additionally, psychological explanations of quality of life puts emphasis on persons' differences regarding thinking style and the way they feel about their behavior. Distinctions can appear in the form of subtle differences in behavior; moreover, some people consider their quality of life undesirable for reasons such as increased anger and nervousness, little dependence, and fixation on others, the explanations of which can be expressed under the psychoanalysis model and the personality disorders (Mokhtari & Nazari, 2010).

Newer psychological thinking, based on both research and theory, stresses the elements of happiness: People are happy when they find a positive resemblance between their current lifestyle and their expected lifestyle. The basis of cognitive theories is judging and evaluating to see whether the reality is in line with people's expectations, criteria, or ideals. In this view, people judge their happiness and satisfaction with life by comparing their current situation with various criteria and standards such as others, past (past circumstances), or personal goals and ambitions. In life, when a person's needs are met and their goals, or ambitions are attained, they feel satisfied, and then they feel happy emotionally (Frisch, 2011). By the positive psychological approach (Frisch, 2005) to quality of life and by taking care of oneself it can be said that emotional well-being is an inner richness with a deep sense of tranquility, vitality, concentration, love, awareness, and readiness to face the challenges of individual life (Frisch, 2011) improves a person's mental health. Mental well-being as a component of quality of life is related to a person's expectations, feelings, beliefs, and ideas; therefore, a person's assessment of his or her health or well-being is an important factor in the quality of life. Consequently, according to Dinier et al. (2003), the quality of life includes affluence, well-being, personal perception of better living, welfare, feeling of prosperity, and life satisfaction (Frisch, 2011), all of which are effective in having a healthy mind.

5. Conclusion

Generally, according to the results of the present study, the components of quality of life could predict mental health. That the component of emotional well-being, among the components of quality of life has the largest contribution to mental health. It could be inferred that it was a healthy family that had a high quality of life. As mentioned earlier, the quality of life is people's perception of their position in life in terms of culture, the value system in which they live, their goals, expectations, standards, and priorities; therefore, it is a completely subjective matter which cannot be seen by others and is based on people's understanding of various aspects of life. Hence the quality of life can be an effective factor in people's mental health.

This study had some limitations, including the sample variety; all married women in Shiraz. Consequently, generalizations to other communities should be made with caution. In data collection, self-reporting tools were used,

which seems to be a possible source of bias in response. In this study, gender was not considered to be a research variable, based on which comparisons between the two genders wasn't taken into consideration. It is suggested that the present study be conducted among different participants in other cities as well. In future research, considering gender, as a desired variable, should be considered. In view of the role of some components of quality of life, it was suggested that training workshops be held in the field of teaching methods for improving the quality of life as measures to increase the psychological health of married women.

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Conflict of Interest

The Author declares that there is no conflict of interest with any organization. Also, this research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

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